

Section 12

APPENDIX 2 – FORMS

SEMI-ANNUAL WIC VENDOR PRICE/STOCK REPORT

INSTRUCTIONS

Complete all sections of pages 5, 6, and 7, documenting the price and quantity of each WIC food item currently on the shelf or in inventory housed at your store location. If a space is left blank, the WIC program will assume that your store does not have that particular food item. **Do not estimate or project prices or stock.** The Semi-Annual WIC Vendor Price/Stock Report must reflect actual shelf prices and actual stock on hand at the time of completion. [Exception: Pharmacies shall be exempt from this requirement if they are contracted to provide only "special infant formula".]

1. Carefully read through the Arizona WIC Program Minimum Stock Requirements on pages 2 through 4.
2. On pages 5, 6, and 7, answer all yes and no questions and list the highest actual shelf price for each WIC food item in stock. Fill in the price for the exact size listed. **NOTE:** you must carry both milk and soy based iron fortified infant formula. Low iron formula may not be counted in the quantity listed.
3. After completing pages 5, 6, and 7, sign below to certify the accuracy of this report.
4. If you would like a copy of this report, please copy before you submit the report to the State WIC Office.

CERTIFICATION

I certify that:

- i. I am authorized to act on behalf of the Vendor.
- ii. I have verified that the required amounts of WIC inventory described on pages 5, 6, and 7, are either on the shelves or in inventory housed at the Vendor's store location.
- iii. I have verified that the prices listed on pages 5, 6, and 7, are true and correct.

Signature

Date

Title

()

Telephone Number

Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

- Milk - At least 28 gallons of any brand refrigerated milk. Gallon containers only.
- Must be** pasteurized and fortified.
- No** pints, quarts, or ½ gallons.
- No** organic, raw, goat's, acidophilus, chocolate or flavored milk, buttermilk, half & half, evaporated filled or sweetened condensed milk, non-dairy, or soy milk products.
- Juice - At least 3 varieties of **WIC authorized** 100% juice, Vitamin C fortified with no added sugar (unsweetened).
- ** AND ****
- At least 48 - 46 ounce cans or plastic containers of single strength juice or 48 - 11.5 - 12 ounce cans or plastic containers of frozen concentrated juice or any combination of the above equal to 48 cans or plastic containers.
- No** 6-ounce frozen containers.
- No** glass bottles.
- No** non-frozen concentrates.
- No** organic, refrigerated or fresh juices.
- No** cocktail, fruit drink/punch, lemonade, limeade, tart cherry, pomegranate or pomegranate blend, Awake, Dole Pure & Light, Hi-C, Kern's Nectar, Sunny Delight or any flavor/style V8.
- Cheese - At least 3 varieties of any brand, **WIC authorized** cheese. Must be domestic, prepackaged (10 to 16 ounces only) in blocks. Must be plain cheese with no added ingredients (i.e., peppers, pimentos, flavoring, etc.).
- ** AND ****
- A combined total of at least 8 pounds of cheese.
- No** organic or deli counter or random weight cheeses.
- No** imported cheese or sliced, shredded, cubed or string (except mozzarella), packages that are less than 10 ounces, cheese food, cheese product or cheese spread.

Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

- | | |
|--------------------------------|--|
| Eggs | <p>- At least 16 dozen, fresh, raw, white eggs. One dozen cartons of large only.</p> <p>No organic or specialty eggs (e.g. Egglands Best and Cage Free).</p> <p>No brown eggs or 6-packs.</p> <p>No small, medium, extra large or jumbo eggs.</p> |
| Dry Beans
&
Peas/Lentils | <p>At least 1 variety of any type and brand of dry beans in a 1-pound package or bulk (up to 1 pound).</p> <p>** AND **</p> <p>At least 1 variety of any type and brand of dry peas or lentils in a 1-pound package or bulk (up to 1 pound).</p> <p>** AND **</p> <p>At least 8 pounds of any combination of dry beans and peas or lentils.</p> <p>Must be 1 pound prepackaged <u>or</u> bulk up to 1 pound.</p> <p>No organic, or immature varieties (i.e., snap beans, etc.), fresh, frozen flavored or bean soup mix.</p> |
| Peanut
Butter | <p>- At least 8 jars of any brand, plain (smooth, chunky or natural) peanut butter in 16 <u>or</u> 18 ounce jars.</p> <p>No organic or spreads, tubes or added ingredients (i.e., jelly, marshmallow, chocolate or honey).</p> |
| Cereal | <p>- At least 4 brands of WIC authorized cold <u>or</u> hot cereal. Boxes or bags of cold cereal must be at least 12 ounces. Boxes of hot cereal must be at least 11.8 ounces.</p> <p>** AND **</p> <p>A combined total of at least 24 boxes or bags of cereal of cold or hot in the appropriate sized boxes or bags as listed above.</p> <p>No organic, frosted (except M-O-M Mini Spooners), honey, raisins, fruit or nuts or variety packs.</p> |

Arizona WIC Program MINIMUM STOCK REQUIREMENTS

Refer to the Arizona WIC Program Food List.

- | | |
|----------------|--|
| Infant Cereal | <ul style="list-style-type: none">- At least 24 - 8 ounce boxes <u>or</u> 12 - 16 ounce boxes of any brand, single grain infant cereal or any combination of 8 and 16 ounce boxes that equals 192 ounces <p>No organic or high protein, mixed, cereals with fruit, sugar, yogurt or formula added, cans, jars or variety packs.</p> |
| Infant Juice | <ul style="list-style-type: none">- At least 120 - 4.0-ounce containers of any brand, single flavor, 100% infant fruit juice. <p>No organic or juices with yogurt added, mixed flavors, or fruit/vegetable blends.</p> |
| Infant Formula | <ul style="list-style-type: none">- At least 36 - 12.9 ounce cans of powdered Similac Advance with Iron infant formula. <p>** AND **</p> <p>At least 18 – 12.9 ounce cans of powdered Similac Isomil Advance Soy with Iron infant formula.</p> <p>No <u>low iron</u> infant formula.</p> <p>No concentrate or ready to feed infant formula.</p> |
| Carrots | <ul style="list-style-type: none">- At least 4 - cans up to 16 ounces each <u>or</u> 4 one (1) pound packages of fresh or one (1) pound packages of frozen or any combination of canned, fresh or frozen that equals 64 ounces. <p>No organic or carrots in glazes, syrup or sauces.</p> |
| Tuna | <ul style="list-style-type: none">- At least 8 - 6 ounces cans of any brand of water packed chunk light tuna. <p>No organic or oil packed, solid white, albacore, flavored, pouches or lunch kits.</p> |

Complete this document and mail to either

Arizona WIC Program
150 North 18th Avenue, Ste #310
Phoenix, AZ 85007

or

Inter-Tribal Council of Arizona
2214 N. Central Ave., Ste #100
Phoenix, AZ 85004

Date: _____
Store Name/Number: _____
Store Address: _____
WIC Vendor Number: _____

Instructions: List the highest regular, NOT sale, price for each WIC food item in stock.

(A) - Arizona or **(I)**- ITCA

MILK – Any Brand

Are there at least an equivalent of: **(A)** 28-gallons OR **(I)** 14-gallons of refrigerated milk?

☐ Yes ☐ No, **If NO**, # in stock = _____ in Gallons

	Gallon	½ Gallon	Quart
Whole	\$	\$	
Reduced Fat (2%)	\$	\$	
Low Fat (1%)	\$	\$	
Fat Free (Skim/Nonfat)	\$	\$	
Lactose Reduced		\$	\$
Evaporated Whole	12 oz. can		\$
Evaporated Skim	12 oz. can		\$
Long Shelf life (UHT)			\$
Non Fat Dry	oz.		\$

Refrigerator Temperature: _____ °F (Acceptable: ≤ 45°)

CHEESE - Plain, Domestic - up to 16 oz. prepackaged in blocks

Are there at least **(A)** 3 varieties OR **(I)** 2 varieties?

☐ Yes ☐ No, **If NO**, # of varieties in stock? _____

Are there at least **(A)** 8 pounds OR **(I)** 4 pounds?

☐ Yes ☐ No, **If NO**, # of pounds in stock? _____

Type	1 pound
Cheddar (includes longhorn)	\$
Colby (includes longhorn)	\$
Colby Jack	\$
Monterey Jack	\$
Mozzarella (whole or part skim), includes string	\$

Refrigerator Temperature: _____ °F (Acceptable: ≤ 45°)

EGGS – Large, White Only

Are there at least **(A)** 16 dozen OR **(I)** 4 dozen?

☐ Yes ☐ No - **If NO**, # of dozen in stock? _____

Size	1 Dozen
Large	\$

Refrigerator Temperature: _____ °F (Acceptable: ≤ 45°)

JUICE - Vitamin C Fortified - 100% juice, no added sugar

Are there at least **(A)** 3 varieties OR **(I)** 2 varieties (1 orange and 1 other WIC approved)?

☐ Yes ☐ No, **If NO**, # of varieties in stock? _____

Are there at least **(A)** 48 containers OR **(I)** 14 containers?

☐ Yes ☐ No, **If NO**, # of cans in stock? _____

ITEM	46 oz.	11.5/12 oz.
Old Orchard Any Flavor (green cap only)		\$
Seneca Apple Juice (red label)	\$	\$
Nestle' Juicy Juice Grape Juice	\$	
Nestle' Juicy Juice White Grape Juice	\$	
Donald Duck Grapefruit Juice	\$	
Donald Duck Orange Juice	\$	\$
Dole Pineapple Mango	\$	\$
Dole Pineapple Juice		
Campbell's Tomato Juice	\$	
Food Club Tomato Juice	\$	

Freezer Temperature: _____ °F (Acceptable: ≤ 0°)

STORE NAME & NUMBER: _____

VENDOR NUMBER: _____

(A) – Arizona or (I) - ITCA

CEREAL - Boxes or BagsAre there at least **(A)** 4 varieties OR **(I)** 4 varieties (3 cold **and** 1 hot)?☐ Yes ☐ No, **If NO**, # of varieties in stock? _____Are there at least **(A)** 24 boxes OR **(I)** 8 boxes (6 cold and 2 hot)?☐ Yes ☐ No, **If NO**, # of boxes in stock? _____

COLD CEREALS	Size	Price	Size	Price
Any Store Brand Crispy Rice	oz.	\$	oz.	\$
Any Store Brand Toasted Oats	oz.	\$	oz.	\$
General Mills Cheerios (Plain)	oz.	\$	oz.	\$
General Mills Corn Chex	oz.	\$	oz.	\$
General Mills Rice Chex	oz.	\$	oz.	\$
General Mills Kix (Plain)	oz.	\$	oz.	\$
General Mills Whole Grain Total	oz.	\$	oz.	\$
Kellogg's Corn Flakes	oz.	\$	oz.	\$
Kellogg's Special K	oz.	\$	oz.	\$
Malt-O-Meal Frosted Mini Spooners	oz.	\$	oz.	\$
Post Bran Flakes	oz.	\$	oz.	\$
Quaker Life	oz.	\$	oz.	\$
HOT CEREALS	Size	Price	Size	Price
Malt-O-Meal Original Hot Wheat Cereal	oz.	\$	oz.	\$
Nabisco Instant Cream of Wheat (Plain)	oz.	\$	oz.	\$
Quaker Instant Oatmeal (Regular flavor, single serving packets only)	oz.	\$	oz.	\$

LEGUMES - Any Brand and TypeAre there at least **(A)** 8 pounds OR **(I)** 2 pounds of beans, peas or lentils?☐ Yes ☐ No, **If NO**, # of pounds in stock? _____Is there at least **(A)** 1 type of Peas/Lentils?☐ Yes ☐ No, **If NO**, # of pounds in stock? _____

ITEM	1 Lb. Package	Bulk
Beans	\$	\$
Peas/Lentils	\$	\$

PEANUT BUTTER - Any Brand, PlainAre there at least **(A)** 8 jars OR **(I)** 2 jars of peanut butter?☐ Yes ☐ No, **If NO**, # of jars in stock? _____

Size	Price
16 oz.	\$
18 oz.	\$

TUNA - Water Packed Chunk LightAre there at least **(A)** 8 cans OR **(I)** 4 cans of tuna?☐ Yes ☐ No, **If NO**, # of cans in stock? _____

Size	Price
6 oz	\$

CARROTS - Plain - Fresh, Canned or FrozenAre there at least **(A)** 4 lbs/cans OR **(I)** 2 lbs/cans of carrots?☐ Yes ☐ No, **If NO**, # of lbs/cans in stock? _____

Item/Size	Price
Fresh - 1 pound	\$
Frozen - 1 pound	\$
Canned - 14 oz	\$
Canned - 16 oz	\$

STORE NAME & NUMBER: _____

VENDOR NUMBER: _____

(A) – Arizona or (I) - ITCA

INFANT FORMULA: Iron fortified, NO LOW IRON**MILK BASED FORMULA**

(Similac Advance with Iron Only)

Are there at least: **(A)** 36 cans powder?Are there at least: **(I)** 24 cans powder?☐ Yes ☐ No, **IF NO**, # of cans in stock = _____ powder**SOY BASED FORMULA**

(Similac Isomil Advance Soy with Iron Only)

Are there at least: **(A)** 18 cans powder?Are there at least: **(I)** 9 cans powder?☐ Yes ☐ No, **IF NO**, # of cans in stock = _____ powder

CONTRACT FORMULA	Powder (12.9 oz.)	Concentrate (13 oz.)	RTF (32 oz.)	RTF - 8 oz. (4 - pack)	RTF - 8 oz. (6 - pack)
Similac Advance with Iron	\$	\$	\$	\$	\$
Similac Isomil Advance Soy	\$	\$	\$	\$	\$
Similac Sensitive Advance Soy	\$	\$	\$	\$	\$
NON CONTRACT SPECIAL FORMULA	Powder (12.9 to 16 oz)	Concentrate (13 oz)	RTF (32 OZ)	RTF - 8 oz (4 - pack)	RTF - 8 oz (6 - pack)
Enfamil Nutramigen LIPIL	\$	\$	\$		
Alimentum	\$		\$	\$	\$
Pregestimil	\$				
PediaSure				\$	\$
NeoSure	\$				
Nestle' Good Start	\$	\$			

INFANT CEREAL - Single grain, plain, no fruitAre there at least **(I)** 2 varieties? (One MUST be rice)☐ Yes ☐ No ☐ N/A, **IF NO**, # of varieties in stock? _____Are there at least **(A)** 24 (8 oz) boxes or 12 (16 oz) boxes or a combination which equals 192 ounces OR **(I)** 12 (8 oz) boxes or 6 (16 oz) boxes?☐ Yes ☐ No, **IF NO**, # of boxes in stock? ____ 8 oz ____ 16 oz

Brand	8 oz.	16 oz.
Gerber	\$	\$
Beech-Nut	\$	\$
Del Monte	\$	\$

INFANT JUICE - Single flavor, 100% fruit juice individual containers, 4-pack or 6-packAre there at least **(I)** 2 varieties?☐ Yes ☐ No ☐ N/A, **IF NO**, # of varieties in stock? _____Are there at least **(A)** 120 (4.0 oz) containers OR **(I)** 60 (4.0 oz) containers?☐ Yes ☐ No, **IF NO**, # of containers in stock? _____

ITEM	4 oz.	4 - pack	6 - pack
Gerber	\$		\$
Beech-Nut	\$		\$
Del Monte	\$		\$

Arizona WIC Program Vendor Order Form

If you would like copies of any of the following training aids/materials, please indicate the items(s) the amount you need and mail or fax to:

Arizona Department of Health Services
Office of Chronic Disease Prevention and Nutrition Services
Attn.: Vendor Management Team
150 North 18th Avenue, Suite 310
Phoenix, AZ 85007
Fax: (602) 542-1890

ORDER SECTION

- _____ Sample ID Folder (use to educate cashiers)
- _____ WIC Program Food List _____ English _____ Spanish
- _____ WIC Program Food List (Laminated) _____ English _____ Spanish
- _____ Sample Proxy Form (use to educate cashiers)
- _____ WIC Allowed Formulas (photos and redemption check list for cashiers)
- _____ WIC Program Abuse Reporting Form (postage paid post card for reporting suspected program abuse)
- _____ "Why is Iron Important?" Flyer (use to educate cashier in regards to the WIC formula purchase)
- _____ WIC Customer Savings Flyer (use to educate cashiers on savings available to WIC participants)
- _____ Milk Flyer (use to educate store personnel of the FDA mandated label changes)
- _____ "WIC APPROVED" Tags (red shelf markers & visual aide for WIC participants)
- _____ WIC Decals
- _____ WIC Vendor Manual (A reference book for Vendors)
- _____ Training Video

Please mail supplies to:

Store Name: _____ Attn: _____ ID #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

"The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, age or disability. Persons with disabilities who require alternative means for communication for program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

FOR OFFICE ONLY

Arizona WIC Number: _____

If new, Store's Opening Date: _____

MULTIPLE STORE NOTIFICATION

NOTE: Submit one form for each outlet (if more than one outlet).
After contract is executed, submit one form not later than 30 calendar
days prior to another store opening.

Please also include the Enrollment Price/Stock Report.

1. Store Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: (____) _____ Fax Number: (____) _____

Other: (____) _____ ☐ Cell ☐ Pager

2. Management WIC Contact Information:

Name: _____

Title: _____

Start date at store: _____

3. Store hours (if not 24 hours)

Days of operation: _____

4. Which WIC program(s) (if any) is the store currently authorized as a Vendor?
Check appropriate box(es).

☐ Arizona WIC Program

☐ Navajo Nation WIC Program

☐ ITCA WIC Program

☐ None

Please provide the following information for the outlet:

5. Bookkeeper:

Name

() _____
Telephone Number

Bookkeeper Hours: _____ A.M. to _____ P.M.

6. Training Representative:

Name

() _____
Telephone Number

7. District/Regional Manager:

Name

() _____
Telephone Number

8. During the last six years, have any of the current owners, officers, partners or managers had a criminal conviction or had a civil judgment entered against them for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

☐ YES ☐ NO

If yes, please specify the name of the owner, officer, or manager and the activities involved.
Please include dates and locations (i.e., City and State).

SANTITATION

9. Has the store ever been cited by the State or County health inspector for a violation?

☐ Yes ☐ No

Was your license/permit revoked?

☐ Yes ☐ No

If yes, when: From _____ To _____
Month/Day/Year Month/Day/Year

If yes, describe the violation(s)? (Provide details)

Attach a current copy of the store's county health certificate (operating permit).

10. Does the outlet comply with the applicable provision of the Americans with Disabilities Act of 1990?

☐ Yes ☐ No

For further information about the Americans with Disabilities Act, please contact any of the following organizations:

The Arizona Office for Americans with Disabilities at 1-800-358-3617
The Disability Rights Education and Defense Fund at 1-800-514-0301 or (510) 644-2555
The Pacific Disability and Business Technical Assistance Center at 1-800-949-4232
The Americans with Disabilities Act Information Line at the US Department of Justice

11. Provide the following information for the store:

Square footage retail: _____

Square footage storage: _____

Number of full-time cashiers: _____

Number of part-time cashiers: _____

Number of check out lanes: _____

12. How often are the dairy cases restocked?

☐ Daily ☐ Twice a week ☐ Weekly

13. How often are the WIC grocery items restocked?

☐ Daily ☐ Twice a week ☐ Weekly

14. How do you decide how much WIC stock to order?

- ☐ Order a certain amount of each item
☐ Conduct an informal "walk-through" inventory on a regular basis
☐ Rely on an automated inventory control system
☐ Other _____

15. Does the store's checkout registers use optical scanning devices which record product and price information on the customer receipts?

☐ Yes ☐ No

If yes number of: POS Terminals _____ Optical Terminals _____

16. Can system be programmed to detect WIC Authorized vs. Non-Authorized products?

☐ Yes ☐ No If yes, number of WIC Terminals: _____

17. Name(s) and address(s) of major wholesaler(s) or supplier(s):

Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: (_____) _____ Fax: (_____) _____

Other: (_____) _____ ☐ Cell ☐ Pager

List **all** variety of WIC approved items (**not** company brand names, e.g., Kellogg's):

Food Items: _____

18. Name and address of infant formula wholesaler or supplier:

Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: (_____) _____ Fax: (_____) _____

Other: (_____) _____ ☐ Cell ☐ Pager

Note: Infant formula must be purchased from a supplier on the attached list.

1. Does the outlet have an in-store pharmacy?

☐ Yes ☐ No

2. Store's anticipated individual annual gross receipt or sales? _____

Food \$ _____ + Non-Food \$ _____ = Gross \$ _____

Alcohol \$ _____ Tobacco \$ _____ Lottery \$ _____

☐ Actual ☐ Estimate

Fiscal year dates for above figures: _____

21. Of the annual food sales (Food \$) stated above, list the following dollar amounts for;
- Cash \$ _____ Credit \$ _____
- Food Stamp \$ _____ WIC \$ _____
22. Do you think that more than 50% of your annual revenue from the sale of food items will come from WIC food instruments?
- ☐ Yes ☐ No
23. If you receive more or are likely to receive more than 50% of your annual food sales from the sales of supplemental foods obtained with WIC food instruments, do you provide or plan to provide incentive items to WIC program participants?
- ☐ Yes ☐ No
24. Is this store currently authorized to accept Food Stamps in Arizona or any other State?
- ☐ Yes ☐ No
- If yes, list the Food Stamp authorization Number: _____
25. Store's anticipated Food Stamp dollar redemption volume per month? _____
26. Has the store, its owners, or managers ever been suspended or disqualified from the Food Stamp Program in Arizona or any other state?
- ☐ Yes ☐ No
- If yes, give the name of the owners, managers, any officers, store(s), location(s), and the reason(s) and date of suspension or disqualification:
- _____
27. Arizona Liquor License Number: _____

BANK INFORMATION

28. Name of the store or outlet's bank: _____
- Branch: _____
- City: _____ State: _____ Zip + 4 : _____
- Telephone: () _____ Fax Number: () _____
- Account Number: _____ ABA Routing #: _____
- Federal ID #: _____ Effective Date: _____
- Will both regular and replacement food instruments be deposited only in the above named account?
- ☐ Yes ☐ No
- If no, explain: _____

NOTE: Store name on bank endorsement stamp must match store name on line 1 of this section.

STORE CLOSURE NOTIFICATION*

Submit this form not later than 30 calendar days prior to closing.

Vendor Name/Number: _____ Vendor ID Number: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Effective Date: _____

Date of Last Bank Deposit: _____

Note: The Vendor ID Stamps are the property of the WIC Program and must be returned within ten (10) calendar days after store closing.

* This form is submitted only when the store closes operations, not a change of ownership.

STORE CHANGE NOTIFICATION

Submit this form not later than 30
calendar days prior to change.

Vendor Name/Number: _____ Vendor ID Number: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: (____) _____ Fax Number: (____) _____

Effective Date: _____

Type of Change:

☐ Address Change - **New Address:** _____

City: _____ State: _____ Zip Code+4: _____

☐ Telephone or Fax Change - **New Phone Number:** (____) _____

New Fax Number: (____) _____

☐ Store Contact Change: **New Contact Person:** _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Telephone Number: (____) _____

Other Number: (____) _____

☐ Cell

☐ Pager

☐ Bank Account: **Bank Name:** _____

New Account Number: _____

New Routing Number: _____

Effective Date: _____

CHANGE OF OWNERSHIP

Submit this form not later than 30 calendar days prior to change.

Vendor Name/Number: _____

Vendor ID Number: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: () _____ Fax Number: () _____

Effective Date: _____

[illegible]

NEW OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Phone Number: () _____ Fax Number: () _____

Note: The new owner must contact the Arizona WIC Program to re-apply. The current Contract becomes void at change of ownership. Ownership is not transferable.

Arizona WIC Program Vendor Training Acknowledgement FFY 2006 – 2008

A. This certifies that I attended and understood the following WIC Vendor procedures. I further understand that I will be responsible for providing training to cashiers and other employees who handle WIC transactions in my store.

- | | |
|--|---|
| ➤ Explanation of the WIC Program | ➤ Use of Manufacturer, Store Specials or Discount Cards |
| ➤ Use of the Vendor Manual | ➤ WIC Vendor Price/Stock Report |
| ➤ The Vendor's Role | ➤ WIC Deposit Procedures |
| ➤ Approved & Non-Approved Foods | ➤ WIC Payment Criteria |
| ➤ Minimum Stock & Variety Requirements | ➤ Reimbursement of Rejected Food Instruments |
| ➤ WIC Food Instrument | ➤ Complaint Process |
| ➤ WIC Identification Folder & Proxy Form | ➤ Vendor Monitoring |
| ➤ WIC Redemption Procedures | ➤ Violations & Sanctions |
| ➤ "X" Signature | ➤ Vendor Rights and Responsibilities |
| ➤ Corrections to the Food Instrument | |
| ➤ Alterations of WIC Food Instruments | |

B. Vendor Comments: _____

Store Name / Store Number

WIC Program Representative

Print Name and Title

WIC Program Representative Title

Signature

Signature

Date

Date